

## CASE CONFERENCE REVIEW

(to be completed with outside providers, as needed)

Family Name: \_\_\_\_\_

Date: \_\_\_\_\_

Case Conference #: \_\_\_\_\_

Therapist: \_\_\_\_\_

Attendance (name and role):

Primary Residential Counselor Update: (Status of Phase System work, "One on One" work, peer relations, function of family unit and significant relationships, progress on Family Life Plan, involvement in the recovery community and with sponsor, as well as progress in the program relating to attendance at required groups and meetings and review of any major incidents or consequences):

Vocational Coordinator's Report (Status of volunteer placement, completion of required hours, or high school/college work):

Case Manager's Report (Status of benefits for family, housing search update, legal matters, medical concerns, and DSS updates):



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Child Advocate's Report (Update and discussion of children in the family, general health and well being, school performance and adjustment, peer relations, discussion of any specialized services received by children: therapy, assessments, groups, etc.):

Therapist's Report (Overall mental health status, including group work, progress, and concerns):

Program Director's Input (Overall clinical function and participation in program as well as mental state):



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Assistant Coordinator's Input (Overall function and participation in the milieu, adaptation to structure and expectations, as well as weekly schedules and personal growth status):

Resident Input:

Other Input (i.e., DSS, family therapist, lawyers, etc.):

Overall Assessment and Specific Goals/Plans for upcoming month:

Prepared and Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_



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